

# INDIANA DEPARTMENT OF INSURANCE APPLICATION FOR PRE-LICENSING INSTRUCTOR APPROVAL

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal Application

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER\*

\*This information is to be used by the Commissioner to assist in the positive identification of the applicant where two or more individuals may have similar or identical names. Applicant may refuse to provide his social security number to the Commissioner. No application shall be refused, denied or otherwise penalized on the basis of his refusal to provide social security number.

\_\_\_\_\_  
RESIDENCE ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PUBLISHED RESIDENCE PHONE #

## SPONSORING PRE-LICENSING PROGRAM:

\_\_\_\_\_  
NAME OF PROGRAM

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
PUBLISHED BUSINESS PHONE # (800 # IF AVAILABLE)

Class of Insurance Course(s) for which you are seeking approval to teach: (circle all that apply)

LIFE / ACCIDENT & HEALTH / LIFE, ACCIDENT & HEALTH / PROPERTY & CASUALTY / PERSONAL  
LINES

### EDUCATION

Did you graduate from High School? \_\_\_\_YES \_\_\_\_NO If Yes, Year of Graduation: \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate from a College/University \_\_\_\_YES \_\_\_\_NO If Yes, Year of Graduation: \_\_\_\_\_

Name of College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Do you presently hold a valid Indiana Insurance Producer's License for the area(s) indicated above?

\_\_\_\_ YES \_\_\_\_ NO License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you held a valid teaching certificate \*\* for two (2) or more years?

\_\_\_\_ YES \_\_\_\_ NO (If YES, a Photocopy must be attached)

\*\* (Teaching certificate must be from either a public school system or Pre-Licensing Program of another state.)

Have you earned the designation of CLU, CPCU, FLMI, CIC or ChFC?  
\_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, Photocopy of Certificate must be attached)

Have you had two (2) or more year's managerial or supervisory experience in the insurance industry?  
\_\_\_\_\_ YES \_\_\_\_\_ NO *Position must be in management or supervision-- sales position only does not qualify.*  
If Yes, state Title of Position and describe duties:

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If answer to either question below is "Yes", must attach statement providing complete details.

Have you ever been denied an insurance agents license or had an insurance license or any professional/occupational license suspended, revoked or surrendered in Indiana or elsewhere?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted or entered a plea of guilty to any criminal offense (other than minor traffic offenses)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

#### EMPLOYMENT RECORD

**CURRENT EMPLOYER:** \_\_\_\_\_  
Company Name

Business Address \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

State Title of Position and give DETAILED Description of Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Employment with Current Employer in Years/Months: FROM \_\_\_\_\_ TO \_\_\_\_\_

**LAST PREVIOUS EMPLOYER:**

\_\_\_\_\_  
Company Name

Business Address \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

State Title of Position and give DETAILED Description of Duties

Length of Employment with Previous Employer in Years/Months: FROM \_\_\_\_\_ TO \_\_\_\_\_

State Reason for Leaving: \_\_\_\_\_

**Applicant Signature**

**I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial of approval or suspension/revocation of approval if granted.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**